

**Periodic Reports that Licensed Plans are Required to Submit to the DMHC<sup>†</sup>**

| <b>Description of Report</b>               | <b>Periodic - Frequency</b> | <b>Periodic - Due Date</b>       | <b>Event-Driven</b>   | <b>Citation</b>                 |
|--|-----------------------------|----------------------------------|---|---------------------------------|
| Anti-Fraud Report                          | Annual                      | January 31                       |   | 1348(c)                         |
| Arbitration - Redacted                     | Quarterly                   | Not specified                    |   | 1373.21(b);<br>1300.73.21(a)(2) |
| Arbitration - Unredacted                   |                             |                                  | Within 30 days of decision                                      | 1373.21(c);<br>1300.73.21(a)(1) |
| Audit Report - Requested                   |                             |                                  | Within 90 days of the receipt of a request from the Director    | 1384(a)                         |
| Audit Report - Surrender                   |                             |                                  | Within 105 days of a notice of surrender or order of revocation | 1384(b)                         |
| Charitable or Public Activity Report       |                             |                                  | Upon occurrence of certain specified events                     | 1300.84.7                       |
| Charitable Trust Obligation Report         |                             |                                  | Upon conversion or restructure                                  | 1399.70                         |
| Claims Payment Report                      | Quarterly                   | Within 60 days of end of quarter |   | 1300.71(q)                      |
| Comparative Benefit Matrix Information     | Annual                      | January 31                       |   | 1363.06(d)                      |
| Compliance With Access Standards (Pending) | Annual                      |                                  |   | 1367.03(g)(2)                   |
| Enrollment Report                          | Annual                      | May 15                           |   | 1300.84.6                       |

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<sup>†</sup> This listing does not include entries for reports that a plan must file with the DMHC as a result of amendments or material modifications of the information previously filed with the department (e.g., changes in the plan's bylaws, change in principle officers, etc.) or reports to the department required as a condition of exemption from licensure.

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| Description of Report                                       | Periodic - Frequency | Periodic - Due Date                         | Event-Driven  | Citation                    |
|---|----------------------|---|---|-----------------------------|
| Federally Qualified HMOs                                    | Annual               | Not specified                               |   | 1383                        |
| Financial Report  | Quarterly            | Within 45 days of the close of each quarter |   | 1300.84.2                   |
| Financial Statement - Annual                                | Annual               | Within 120 days of close of fiscal year     |   | 1384(c); 1300.84.06         |
| Grievance System Report                                     | Quarterly            | Within 30 days of end of quarter            |   | 1368(c), 1300.68(f)         |
| Individual Contract Benefit Report                          | Annual               | January 31                                  |   | 1373.6(a)(3)                |
| Individual Contract Rating and Underwriting Criteria Report | Annual               | June 1                                      |   | 1389.3(c)                   |
| Medicare Supplement Contract Enrollee Report                | Annual               | March 1                                     |   | 1358.22                     |
| Medicare Supplement Contracts Offered or Issued Report      | Annual               | June 30                                     |   | 1358.225                    |
| Medicare Supplement Grievance Reports                       | Annual               | March 31                                    |   | 1358.10(k)(6)               |
| Medicare Supplement Loss Ratio Experience Report            | Annual               | June 30                                     |   | 1358.146                    |
| Medicare Supplement Refund or Credit Calculations           | Annual               | May 31                                      |   | 1358.14(b)                  |
| Non-Contracting Provider Reimbursement Report               |                      |   | If payment to non-contracting providers exceeds 10% of total health | 1377(b); 1377(c); 1300.77.3 |

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| Description of Report   | Periodic - Frequency | Periodic - Due Date                         | Event-Driven  | Citation   |
|---|----------------------|---|---|--|
|   |                      |   | care costs.   |  |
| Point-of-Service Failure to Meet TNE Requirements Financial Reports |                      |   | Within 30 days of the close of any month in which the plan does not meet minimum TNE requirements | 1374.64(b)(1)(A)(ii);<br>1374.64(b)(2)(A)(ii);<br>1300.84.3(d) |
| Provider Dispute Report   | Annual               | January 15                                  |   | 1367(h)(d), 1300.71.38(k)                                      |
| Risk-Bearing Organization Report - Annual                           | Annual               | May 15                                      |   | 1375.4(b)(6);<br>1300.75.4.3(b)                                |
| Risk-Bearing Organization Report – Quarterly                        | Quarterly            | Within 45 days of the close of each quarter |   | 1375.4(b)(6);<br>1300.75.4.3(a)                                |
| TNE Requirements Failure Financial Report                           |                      |   | Within 30 days of the close of any month in which the plan does not meet minimum TNE requirements | 1300.84.3(d)   |